

APPROVAL FOR FINAL ISSUANCE

To: Issuances Manager, Telecommunications and Records Branch, ITD

Number: (If known)

Title:

Peer Review
(Attach additional sheets, if needed)

Respondent's Name and Organization Contacted	Response	Concur/ NonConcur	Resolved Yes/No	If no, explain
Don Little, AAO, BA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
John Crew, AAO, NAA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diane Strub, AAO, MWA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tina Street, AAO, NPA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Steve Edney, AAO, SAA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Larry Lofton, AAO, PWA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Archie Tucker, AAO, MSA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
June Williams, AAO, SPA	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Yvonne Washington-Woods, NAL	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Korona Prince, CR Staff, OA-ARS	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sandy Hays, Inf. Staff, OA-ARS	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Betty L. Gilliland, CSREES	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Leslee Lowstuter, ERS	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Marshall Dantzler, NASS	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
S. Ray Leaman, Asst. Dep. Admin., AFM	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Keith Anderson, Director, ITD-AFM	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
David Young, Director, EAD-AFM	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Patrick Barry, Director, FD-AFM	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Steve Helmrich, Director, FMD-AFM	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
James Bradley, Director, HRD-AFM	<input type="checkbox"/> No Response		<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION: I certify that the attached is ready for final issuance. The necessary staff work is complete, technical content is correct, and the issuance has been edited and proofread. I have enclosed the original paper copy of the directive and a diskette containing an exact electronic version of the text portion of the directive prepared using the Agency standard word processing software.

Approved:

Date:

[illegible]